

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00504530
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Targeted Victory LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 21 / 2022
Mailing Address 2311 Wilson Blvd Suite 200		Amount 25000.00
City Arlington	State VA	Zip Code 22201
Purpose of Expenditure Digital Placement	Category/ Type 004	Transaction ID : 001 Date of Disbursement or Obligation MM / DD / YYYY 02 / 22 / 2022
Name of Federal Candidate De La Cruz, Monica, , ,		Office Sought: <input checked="" type="checkbox"/> House District: 15 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee 936 Media		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 21 / 2022
Mailing Address 1050 Johnnie Dodds Blvd Unite 2414		Amount 1000.00
City Mount Pleasant	State SC	Zip Code 29465
Purpose of Expenditure Media Production	Category/ Type 004	Transaction ID : 002 Date of Disbursement or Obligation MM / DD / YYYY 02 / 22 / 2022
Name of Federal Candidate Garza, Mauro, , ,		Office Sought: <input checked="" type="checkbox"/> House District: 15 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	26000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, , ,

[Electronically Filed]

Date

MM / DD / YYYY
02 / 22 / 2022

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00504530
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee 936 Media		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 21 / 2022
Mailing Address 1050 Johnnie Dodds Blvd Unite 2414		Amount 1000.00
City Mount Pleasant	State SC	Zip Code 29465
Purpose of Expenditure Media Production	Category/ Type 004	Transaction ID : 003 Date of Disbursement or Obligation MM / DD / YYYY 02 / 22 / 2022
Name of Federal Candidate De La Cruz, Monica, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 15 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 132000.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	27000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, , ,

[Electronically Filed]

Date

MM / DD / YYYY
02 / 22 / 2022

Signature